THE · CITY · OF
COPPELL
TEXAS · 1890

ELECTRONIC BANK DRAFTING SERVICE

In an effort to provide better service, the City is offering electronic bank drafting service for monthly water bill payments. This can be arranged with almost any financial institution at no additional cost. For additional information call our customer service number, Monday through Friday, 8 a.m. to 5 p.m., at (972) 304-3695.

How the Plan Works.
You will receive your monthly water bill in the mail on your normal billing dates stating **"Amount Due will be Bank Drafted – DO NOT PAY**." Your bank will then deduct the water bill amount approximately one to two days prior to the due date printed on the bill and forward your payment to the City. **If two drafts are returned in a 12 month period, the bank draft service is no longer available.**

What are the advantages?

No monthly check to write	Save postage
Convenient	Fast and easy

Is there a fee for this service?
There is no charge for this bank draft plan and service may be discontinued at any time by simply notifying the City of Coppell in writing.

How to apply:
Complete all the information on the **"Bank Draft Authorization"** form. To find the **"Transit/ABA"** number, contact your bank or other financial institution. This number should have nine digits. Please attach **a voided check** from the account to be drafted. Mail the completed authorization form and voided check to **the City of Coppell, Water Billing Department, P.O. Box 9478, Coppell, TX 75019**

BANK DRAFT AUTHORIZATION

_____   Please Check One: [ ] Checking Account   [ ] Savings Account
Name of Bank or other Financial Institution

_____   _____
Bank Account Number   Transit/ABA Number

I(we) have given authority to the City of Coppell to bank draft my (our) account for the payment of my monthly water bill. I (we) understand this authority shall remain in full force and effect until written notification of termination is received from me (us), and the City of Coppell and the banking institution have reasonable opportunity to act upon it. I understand that nothing contained in this Authorization shall serve to reduce my obligation to pay my (our) water bill and services will be disconnected should I fail to have sufficient funds in the above referenced account to cover the bill amount.

Account Authorization Signature(s) (Each person who signs on the account must sign the authorization form).

_____   _____

Date:_____   Date:_____

_____   _____
Name as it appears on the City of Coppell Account (Please Print)   Water Account Number

_____   _____   _____
Service Address   Home Phone #   Work Phone #